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SERIAL NUMBER 10/774,816	FILING DATE 02/09/2004 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 27230.03
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APPLICANTS

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** CONTINUING DATA *****

YES A.R.

This application is a CON of 09/916,353 07/27/2001 PAT 6,689,155

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Ramon A.R.</i> Examiner's Signature Initials	TN	6	22	5

ADDRESS

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P O BOX 51295

KNOXVILLE , TN

37950-1295

TITLE

UPPER BODY CONVECTIVE HEAT THERAPY DEVICE AND METHOD OF MAKING AND USING SAME

FILING FEE RECEIVED 554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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